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FEATURE: PERSPECTIVE

Heavy on Her Back

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The last time I saw my friend Rachel the sun was setting below the hill, yellow and orange light filtering through the trees. She was sitting in the porch hammock with one foot tucked under her body, the other resting bare against the warm wood. I knew she'd been struggling with depression—we all did. For months we'd been going back and forth, taking her to the hospital when she was suicidal and to our college's student health services when she could not muster the energy to get out of bed. We called administrators, therapists, once even the police, trying to find someone to help our friend stay alive even for just one more day. But every time we reached out, Rachel pushed us away.

At the time I could not wrap my head around *why.* Why would she not accept help? Why did she want to die in the first place? Why would some adult, some hero who knew what to do, not show up with a magic answer? Why was it up to us, a bunch of clueless, scared kids, to figure all of this out?

The whys do not really matter anymore. When I remember Rachel, I do not think of the fear and the frustration. I remember those last moments I spent in her company in the cool evening air, sitting next to her on the hammock. We did not talk about anything important. There were no big revelations, no inspirational messages or words of wisdom. It was quiet. She showed me a new way to braid hair, demonstrating the method on her own curls so that I could see. Her red nail polish was chipped where she'd been chewing on her fingers. When she left I did not say "goodbye," I said "I'll see you later."

I did not.

In the wake of her death, Rachel's pain rippled outward, tearing through everyone who'd loved her, with a brute force like the shock wave of a grenade. We were, all of us, plagued by *maybes.* Maybe we had not done enough. Maybe there were more things we should have tried. Maybe if we'd tried harder, listened better, thought of just the right thing to say, talked to the right people….

Of course, it does not really work like that. But what did we know?

Even though it felt like it would not, the world moved on. It had always been my plan to become a psychiatrist and what happened to Rachel only fueled my fervor. I graduated college. I got into medical school. I could not help my friend but maybe, with training and knowledge and resources, I could help someone else.

I met Michelle on my psychiatry rotation, on the child and adolescent unit. She was fifteen and she wanted to die. The universe had not been kind to her and she knew it—"I feel like God hates me," she admitted to me during one of our conversations. Her parents, desperate to support their family, had sent her to an adult man who made her his "wife." She was sexually, physically, and emotionally abused for more than a year before she managed to escape, alone, knowing that no one was going to help her. She went through the unimaginable and saved herself as best as she could. And then, because she had no other options, she went back to her family and she tried to make do.

With a story like that, I could not blame her for feeling alone. For wanting to give up.

But even at her lowest point, there was something about Michelle that shone. She had a bright smile and a brighter spirit. Even as she felt on the verge of giving up, she reached out to the other kids on the unit with her. When her roommate had a hard day in therapy, Michelle drew landscapes on the chalkboard in their room, nature scenes entwined with heartfelt words of encouragement. She told me about her favorite music, her best friends at school, and the dance club she loved

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attending after school. Even when she believed that the universe had abandoned her, she still fought to see the good in it.

Michelle and I spent a lot of time together while she was in the hospital. It quickly became obvious to me that she did not have a lot of people she could really talk to about what she'd been through. Her parents genuinely felt they had done nothing wrong; her friends were supportive, but Michelle did not want to burden them with the details of her ordeal, and in her mind adults outside of the hospital were suspect, at best. None of them had helped her before, so why should they be any different now?

It took a lot of work to gain Michelle's trust. She saw herself as damaged goods, fundamentally broken, and expected everyone else to feel the same. In her own mind, she was a lost cause. It was hard not to make the connection to Rachel. There was a part of me that still felt I had failed her, that I should have done more. I was still holding onto an illusion of control that I had to learn to let go of if I was ever going to be an effective psychiatrist—the fallacy that if I just did or said the right thing, I could fix people, pick up their burdens and carry them myself. It's a comforting fantasy, but it is not real.

I cannot say that I did anything overly special for Michelle. I talked to her, both about her trauma and about other things—things she was interested in, things she wondered about, and things she might look forward to. I worked with her throughout her hospitalization to develop coping and communication skills that she could use to keep herself afloat, but as is always the case with recovery, she was the one who did the heavy lifting. Through therapy and an assortment of medications, she was able to get to a place where she saw a future for herself, and where she could face her parents in family therapy and explain to them in language they understood that she was suffering and what she needed from them to keep going. That conversation was the single most courageous thing I have ever seen.

When she left the unit, Michelle wrote me a letter (on a backdrop of carefully illustrated colorful flowers) thanking me for "listening to [her] feelings, helping [her] to think about [herself], and helping [her] communicate with [her] family." She told me that she wanted to grow up to do research in trauma and help other girls who went through terrible things the way she did. She wanted to take the ashes of what had happened to her and help something grow.

We certainly did not solve Michelle's problems. We did not even scratch the surface. I have no idea what happened after she went home—I can only hope that she's okay. But Michelle's resilience and even optimism in the face of a horrific situation are, to me, representative of the reason psychiatry exists and the reason doctors become doctors: to connect with people at their most vulnerable moments. People who are struggling with their environment and their own minds deserve help, deserve compassion, deserve care. They deserve a chance.

No matter how much I might want to, I know that I cannot fix people. Everyone carries their own burden weighing heavily on their backs. There's nowhere to put it down. Fundamentally the job of a psychiatrist—of anyone trying to support someone who is suffering—is not to take the load away or even to lighten it, but to help look for a better way to hold it, an easier grip, better leverage. To help find the words to make sense of the unspeakable. To reach out. To communicate. To try.

The hardest lesson to learn in the process of becoming a doctor is that you cannot really save people. All you can do is offer your knowledge, your service, your compassion, and work with the situation in front of you. With the power and resources of a medical education it's easy to become cocky, and in the face of human suffering it's even easier to become desperate. Medicine is ultimately about human connection, human caring, and psychiatry perhaps most of all. It's hard work, difficult emotional labor, and it's what I want to do for the rest of my life: reaching out to people, and hoping that they reach back.

Compliance with Ethical Standards

The patient case has been disguised to protect anonymity.

Disclosures The author states that there is no conflict of interest.